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Bib Data Sheet

CONFIRMATION NO. 6330

SERIAL NUMBER 09/272,955	FILING DATE 03/19/1999 RULE	CLASS 345	GROUP ART UNIT 2673	ATTORNEY DOCKET NO. 15-5-2-5-4	
APPLICANTS ALBERT D. BAKER, LINCROFT, NJ; VINCENT H. CHOY, HAZLET, NJ; VEDA GUNDANNA, MATAWAN, NJ; JAMES CHENG-PING LIU, HOLMDEL, NJ; EILEEN PATRICIA ROSE, MANASQUAN, NJ;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/05/1999					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY NJ	SHEETS DRAWING 7	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 3
ADDRESS Joseph B. Ryan Ryan, Mason & Lewis LLP 90 FOREST AVENUE LOCUST VALLEY, NY 11560					
TITLE AUTOMATED ADMINISTRATION SYSTEM FOR STATE-BASED CONTROL OF A TERMINAL USER INTERFACE					
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/272,955	03/19/99	345	2774	15-5-2-5-4
APPLICANT	ALBERT D. BAKER, LINCROFT, NJ; VINCENT H. CHOY, HAZLET, NJ; VEDA GUNDANNA, MATAWAN, NJ; JAMES CHENG-PING LIU, HOLMDEL, NJ; EILEEN PATRICIA ROSE, MANASQUAN, NJ.			
	CONTINUING DOMESTIC DATA*** VERIFIED <u>AL</u>			
	371 (NAT'L STAGE) DATA*** VERIFIED <u>AL</u>			
	FOREIGN APPLICATIONS*** VERIFIED <u>AL</u>			
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 04/05/99				
Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NJ	SHEETS DRAWING 7	TOTAL CLAIMS 22
Verified and Acknowledged	<u>AL</u> Examiner's Initials			INDEPENDENT CLAIMS 3
ADDRESS	RYAN & MASON 90 FOREST AVENUE LOCUST VALLEY NY 11560			
	TITLE AUTOMATED ADMINISTRATION SYSTEM FOR STATE-BASED CONTROL OF A TERMINAL USER INTERFACE			
FILING FEE RECEIVED \$796	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	